

Name in Full

Certificate of Death

Susan C. Allard

Town

County

Died at

Harre de Grace Harford Co.

MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
4	Sep	2	20	2	18		Harre de G.	Housewife
Male	White	Married					Widow	Divorced
Female	Colored	Single					Widower	Number of children living 2

Husband of Edwin Ross Allard

Father's Name Jos Horton

Mother's Name Rebecca Horton

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
			2 weeks	

Reported by A. C. Horton

Address Harre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68888



Name in Full

May Anderson

Town

Belair

County

Harford

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

9-

2

Age

45.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

~~Husband~~

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6596R

CHARTER

WATER

WATER

WATER

WATER



Anne Brown

Town

County

MARYLAND

Died at

Belair

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

9

9

2

Age

77

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

one

Husband

of

Wife

Father's

Name

Unknown

Mother's

Name

Unknown

Cause of

Primary

accident

152 a

How long sick

8 days

Death

Immediate

"

"

Accident, Suicide, Homicide

Reported by

Silas Scurlock, M.D.

Address

Belair Md.



Preston. M. Calder

Town

County

Died at

Federal Hill Harford

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sep. 29

Age 50. 6 10

Maryland Farmer

Male

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Consumption

22a

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Martin. L. Jarrett Mm

Address

Jarrellsville Md



Name in Full

Certificate of Death

Sarah Edith Calary

Town

County

Died at *Jonestown**Harford*

MARYLAND

Date 189*8* *Sept* *20*

Month

Day

Y.

M.

D.

Native of

Occupation

Age *9* *29*

Age

*9**29**Harford Co*~~Male~~

White

Married

Widow

~~Divorced~~*Female*

Colored

Single

Widower

Number of children living

~~Husband~~

Wife

Father's Name *Elwood Calary*Mother's Name *Estelle Calary*Cause of { Primary *Marasmus**82*

How long sick

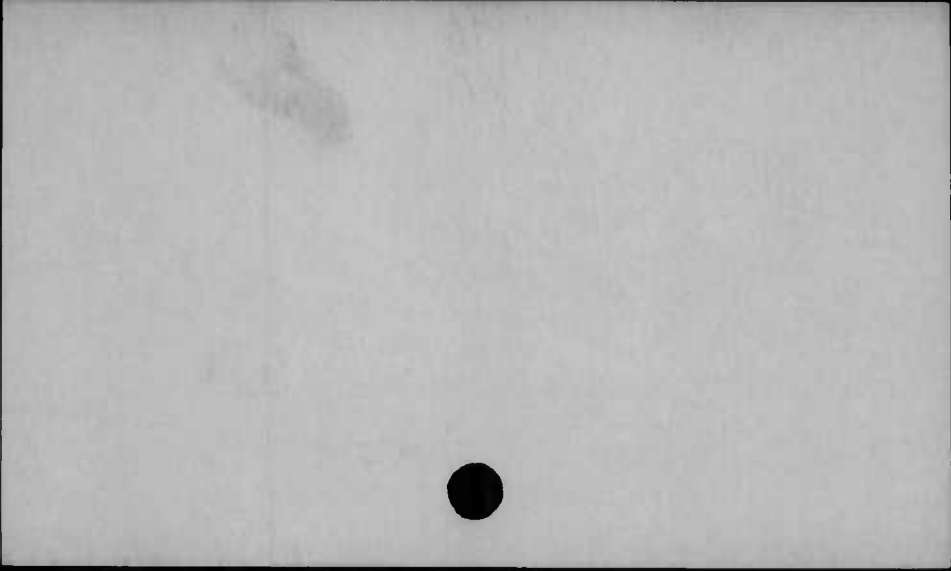
*6 mo.*Death { Immediate *Syncope*

Accident Suicide Homicide

Reported by *W. L. Smith M.D.*Address *Jonestown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 85885



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 6

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

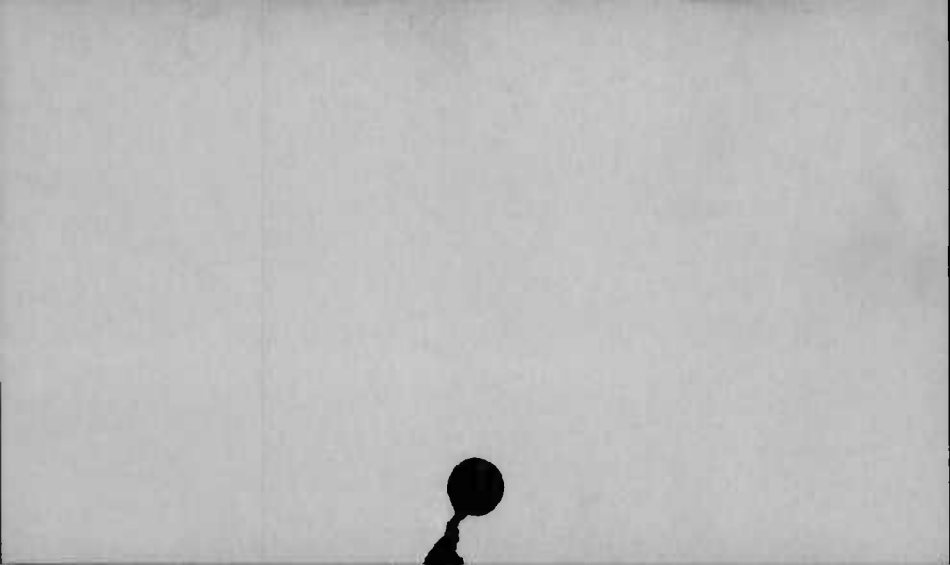
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

William Ely
 Died at *Taylor* Town *Harford* County MARYLAND
 Date 189 *8* Month *9* Day *10* Y. *30* M. *30* D. Native of Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name*130*

Cause of { Primary *Spine disease*
 Death { Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Regio & Intelligence (Belair)

Address

Sept. 16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05908



Name in Full		Mary C. Glavin		Town		County		Harford		MARYLAND	
Died at		Bancroft Grace		Month		Day		Y.		M. D.	
Date 189		8		9-24		Age		29		Native of	
		Male		White		Married		Widow		Divorced	
		Female		Solaced		Single		Widower		Number of children living	
Husband of											
Wife of											
Father's Name		Martin Glavin		Mother's Name		Charina Glavin					
Cause of		Primary		Consumption				How long sick			
Death		Immediate						Accident, Suicide, Homicide			
Reported by		Republican		Bancroft Grace,							
Address				10-1							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Rev. Thos. D. Leonard,
St. John's Catholic Church,
addressed Oct. 14th Salt.

Mary Jane Child

Died at

Town
Fallston

County

Ward

MARYLAND

Date 1898

Month

Sept.

Day

9th

Y.

70

M.

—

D.

21

Native of

Ward Co.

Occupation

house keeper.

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

6

Husband

of

William Child — deceased.

Wife

Father's

Name

Walter Child

Mother's

Name

Mrs. Fletcher

Cause of

Primary

Fogphoid & Diph.

1

How long sick

about 2 weeks

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

L. Ellis, Minister M.E. Ch.

Address

Princeton, Ind.

Undertaker

+ Wm. Kutz, Nov. 14
Jarrellsville
Md

Dr. Smith, Nov. 11
Jarrellsville
Md. 18

Refused

Mrs Caroline E. Hopkins

Town

County

Died at

Darlington

Harford

MARYLAND

Date 1898

Month

Day

Sep 10th

Age

Y.

M.

D.

80 - -

Native of

Occupation

Maryland Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living 1

~~Husband~~

of

Samuel H. Hopkins 158

Widow

Father's

Name

Joseph Hopkins

Mother's

Name

Sarah Cox Hopkins

Cause of

Primary

Infirmit of age & abdominal tumor

How long sick

Death

Immediate

exhaustion by excessive heat

~~Accident, Suicide, Homicide~~

Reported by

Ephraim Hopkins M.D.

Address

Darlington

Maryland



Name in Full

Certificate of Death

Eola Jones

Town

Dublin

County

Harford

MARYLAND

Died at

Date 1894

Month Day

Sept 13

Age

Y. 3

M.

D.

Native of

Maryland.

Occupation

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Howard Jones

Mother's

Name

Luella Seaborn

Cause of

Primary

How long sick

3 weeks

Death

Immediate

Cholera Inf.

Accident: Suicide, Homicide

Reported by

J. S. Pooler

Address

Dublin

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU



L. Helen
Lena Kehre

Town

County

MARYLAND

Died at

Perryman

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1900

9-13

Age

18

~~Male~~

White

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband

of

Wife

Father's

Name

Lawrence Kehre

Mother's

Name

Cause of

Primary

Typhoid fever

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Bel Air Times Sept. 17

Address



Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

MarriedWidowDivorcedFemaleColored

Single

WidowerNumber of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

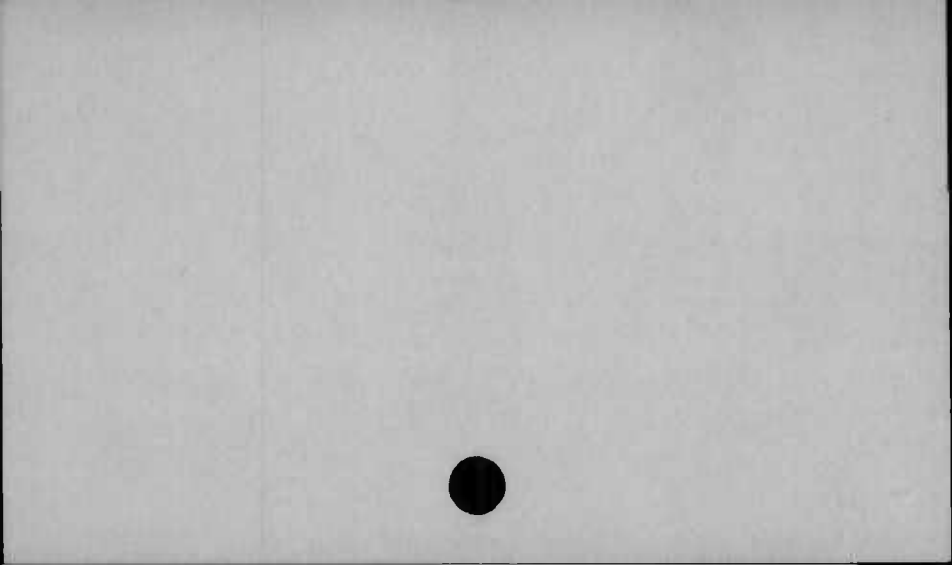
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

MaleWhiteMarriedWidowDivorcedFemaleColoredSingleWidower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, ~~Self~~icide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Clarence E. Elwood Krouse

Town

County

MARYLAND

Died at

Aberdeen

Harford

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

9-30

Age

9

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Thomas Krouse

Mother's

Name

Cause of

Primary

Typhoid

80

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Republican Hansel Grace

Address

10-1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at *Tom Kozmiski*
Taylor P.O. Town *Harford* County **MARYLAND**

Date 189 *9-29* Month *9* Day *29* Y. *3* M. D. Native of Occupation
 Male White Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name Mother's Name

Cause of Death { Primary *Scrub* 23 How long sick
 Immediate Accident, Suicide, Homicide

Reported by *Thomas E. Emory M.D.*
 Address *Taylor P.O., Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary McFee

Town

County

Died at

Harre de Grace, Harford

MARYLAND

Date 189

8 Sept 13

Age

Y. M. D.

90

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of

Primary

old age

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Dr. Fairman

Reported by

Address

H. D. Grace



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male
 Female

White

~~Colored~~

Age

~~Married~~

Single

~~Widow~~~~Widower~~DivorcedNumber of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008



Name in Full

Certificate of Death

Mami Martin

Town

County

MARYLAND

Died at

Belcamp

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

F

9 - 11

Age

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

M. M. Martin

Mother's

Name

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Agis & Sultginner

Sept. 16

Address

Belair

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05865



Agnes M 2 a ch em

Died at ^{Town} *Harford County* ^{County}

MARYLAND

Date 189 *8* ^{Month} *Sept* ^{Day} *21* ^{Y.} *21* ^{M.} *21* ^{D.} *21* ^{Native of} *Md* ^{Occupation} _____~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
~~Female~~ ^{Colored} ^{Single} ^{Widower} ^{Number of children living} _____Husband of _____
Wife _____

Father's Name _____ Mother's Name _____

Cause of Death { ^{Primary} *Inter cerebral of lungs* ^{How long sick} *several years*
^{Immediate} _____ ^{Accident, Suicide, Homicide} _____Reported by *William L. Archer M.D.*Address *Bel Air Md*



George Pitts

Town

County

MARYLAND

Died at

Belair

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9

3

Age

40

Md

none

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

none

Husband

of

Wife

43

Father's

Mother's

Name

Unknown

Name

Unknown

Cause of

Primary

Softening of Brain

How long sick

6 months

Death

Immediate

"

"

Accident, Suicide, Homicide

Reported by

Silas Scarborough M.D.

Address

Belair Md



Name in Full

Certificate of Death

Mary Ringland

Died at

Pleasantville

Town

County

Hayford

MARYLAND

Date 189

5

Month

Day

Y.

M.

D.

Native of

Occupation

9-2

Age

90

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Bel Air Times 9-10

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958



Sallie Robinson

County

MARYLAND

Died at

Pylesville

Town

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

A

9-

13

Age

77

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

* Dysentery

84

How long sick

Death

Immediate

Accident, Suicide, Homicide

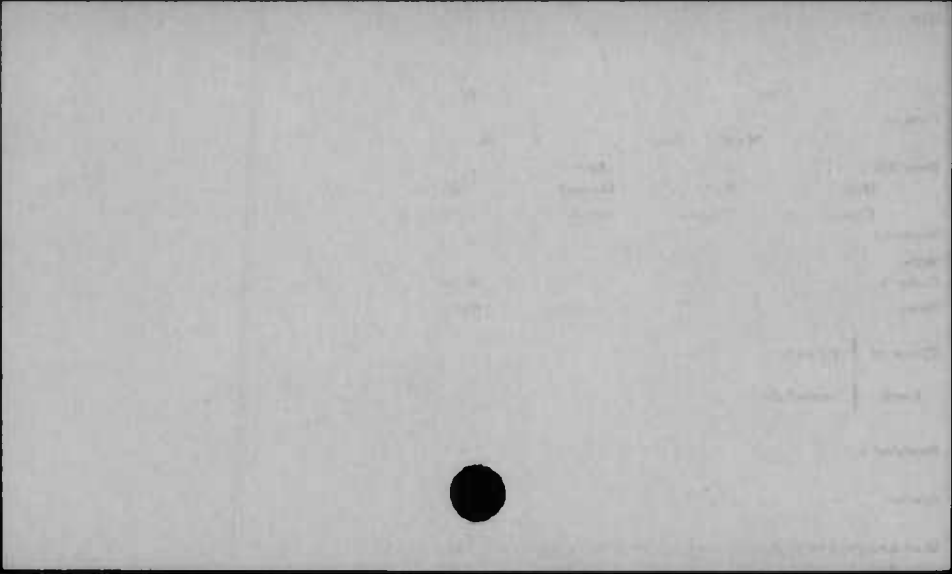
Reported by

Bel Air Times Sept. 17

Address

* Aegis + Intelligence Bel Air Sept 16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ella Mae Scarboro

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 Sept. Sunday

Age

28

W. States

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Drunk know

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. P. Smushkin

Address

Forest Hill Hayfield to Mill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968



Indiana Pearl Silver
 Town Lepidum County Harford MARYLAND
 Died at Lepidum
 Date 1895 Month Sept. Day 15 Y. 26 M. 5 D. 11 Native of Md. Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~
 Husband of H. Scott Silver
 Wife
 Father's Name Jac. R. Smith Mother's Name Frances Stalker
 Cause of Death { Primary Phthisis How long sick 8 months
 Immediate Exhaustion 22a ~~Accident, Suicide, Homicide~~
 Reported by Dr. Lee Hopkins M.D.
 Address Barland Harford Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Full

Certificate of Death

Annie Stonicka

Town

County

Garland

Harford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

18

Sept 16

Age

22

Baltimore

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

10 of

10

Mother's

Name

Peter Stonicki

Mary Stonicki

How long sick

of

Primary

Cholera Infantum

5 days

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

d by

L. C. Hopkinson M.D.

ess

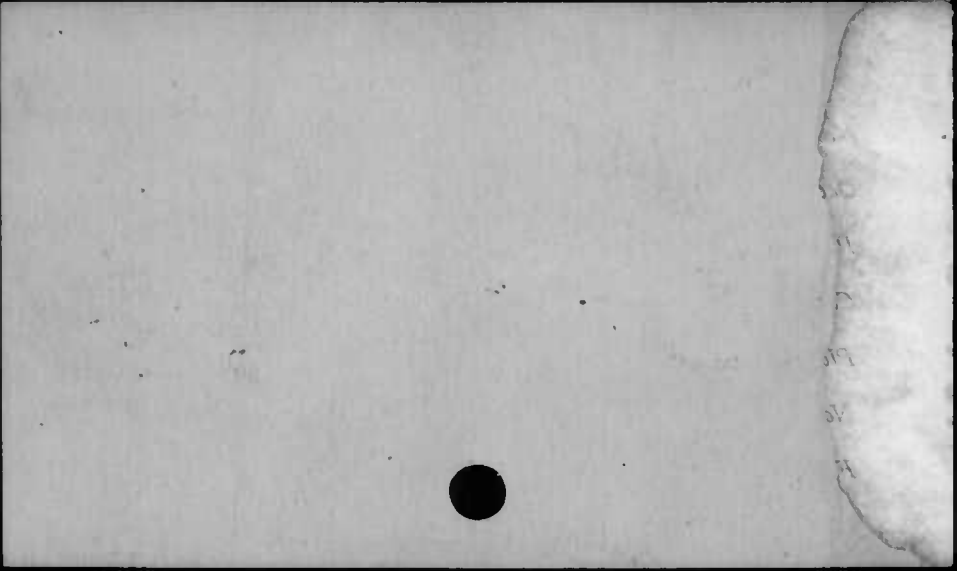
Garland

Harford Co

Md

be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069



Name in Full

Certificate of Death

Lloyd Washington

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

5

9

Age

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Urgis & Intelligence

Address

Bel Air 9-9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R



Name in Full

Certificate of Death

Died at

Date 189

Male

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

~~Divorced~~

Widower

~~Number of children living~~

Mother's

Name

Primary

Immediate

• How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

